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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/16/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right sacroiliac injection

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. On this date she injured her back when picking up multiple xx onto a cart to dispose. Lumbar MRI dated 09/17/14 revealed mild multilevel degenerative disc disease with no fracture or subluxation. The patient underwent initial sacroiliac joint injection on 11/18/14. Office visit note dated 12/08/14 indicates that the patient had right sided SI joint injection with no relief. Patient has had progression of pain since injection and continues to have difficulty with walking and lifting. The patient has had 12 visits of physical therapy. Note dated 03/23/15 indicates that there is right SI joint pain with single right leg stand. Figure 4 is positive on the right. Gillet test and Faber test are positive to the right. Current medication is Mobic.

Initial request for right sacroiliac joint injection was non-certified on 12/17/14 noting that the previous right SI injection performed on 11/18/14 resulted in no relief. There is also question with respect to compliance with a home exercise program specifically for the SI joint. There is also question with respect to current activity/work status and continued activity modification as a conservative measure. The denial was upheld on appeal dated 02/05/15 noting that the ODG states that for a second injection to be considered, the claimant must report at least 70% pain relief for a period of 6 weeks after the initial injection. The claimant reported no pain relief from the initial injection and actually reported a worsening of symptoms.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent initial sacroiliac joint injection on 11/18/14. Office visit note dated 12/08/14 indicates that the patient had right sided SI joint injection with no relief. Patient has had progression of pain since injection. The Official Disability Guidelines report that in the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks. Given that the initial sacroiliac joint injection provided no relief, ODG criteria are not met and medical necessity is not established. As such, it is the opinion of the reviewer that the request for right sacroiliac injection is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)